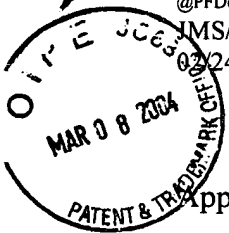


1732



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Hans Groëblacher and James W. Nixon

Application No.: 10/002,400

Group: 1732

Filed: October 23, 2001

Examiner: Eashoo, Mark

Confirmation No.: 1025

For: METHOD AND SYSTEM FOR DUAL CO-EXTRUSION

CERTIFICATE OF MAILING OR TRANSMISSION	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or is being facsimile transmitted to the United States Patent and Trademark Office on:	
03-04-04	Pamela Sarno
Date	Signature
PAMELA SARNO	
Typed or printed name of person signing certificate	

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a Reply to Restriction Requirement for filing in the above-identified application.

[] Small entity status of this application under 37 C.F.R. 1.9 and 1.27 has been established by a Small Entity Statement previously submitted.

[] A Small Entity Statement to establish small entity status under 37 C.F.R. 1.9 and 1.27 is enclosed.

The fee has been calculated as shown below:

(COL. 1)	(COL. 2)	(COL. 3)
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR
TOTAL	13	MINUS * 20
INDEP	5	MINUS ** 5
		PRESENT EXTRA
		0
		0

☐ FIRST PRESENTATION OF MULTIPLE DEP. CLAIM

* not fewer than 20
** not fewer than 3

SMALL ENTITY	
RATE	ADDIT. FEE
X \$9	\$
X \$43	\$
+ \$145	\$

TOTAL = \$ 0

OTHER THAN SMALL ENTITY	
RATE	ADDIT. FEE
X \$18	\$
X \$86	\$
+ \$290	\$

TOTAL = \$ 0

Please charge Deposit Account No. 08-0380 for the following fees:

<input type="checkbox"/>	Petition for [] month Extension of Time	\$	_____
<input type="checkbox"/>	Amendment Fee	\$	_____
<input type="checkbox"/>	Other Fees:		
	_____	\$	_____
	_____	\$	_____
	TOTAL:	\$	<u>0</u>

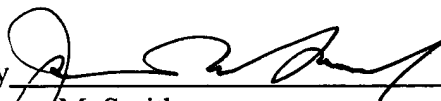
A check is enclosed in payment of the following fees:

<input type="checkbox"/>	Petition for [] month Extension of Time	\$	_____
<input type="checkbox"/>	Amendment Fee	\$	_____
<input type="checkbox"/>	Other Fees:		
	_____	\$	_____
	_____	\$	_____
	TOTAL:	\$	<u>0</u>

[X] A general authorization is hereby granted to charge Deposit Account No. 08-0380 for any fees required under 37 C.F.R. 1.16 and 1.17 in order to maintain pendency of this application. A copy of this authorization is enclosed for accounting purposes.

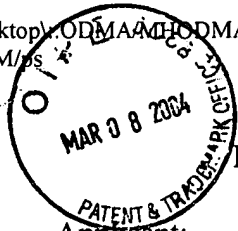
Respectfully submitted,

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

By 
James M. Smith
Registration No.: 28,043
Telephone (978) 341-0036
Facsimile (978) 341-0136

Concord, Massachusetts 01742-9133

Dated: 3/4/4



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<u>3-4-04</u>	<u>Pamela Sarno</u>
Date	Signature
<u>PAMELA SARNO</u>	
Typed or printed name of person signing certificate	

REPLY TO RESTRICTION REQUIREMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Responsive to the Restriction Requirement dated February 5, 2004, the claims of Group I (Claims 1-9 and 13) drawn to an extrusion system are elected for prosecution. Applicant reserves the right to file a continuing application or take such other appropriate action as deemed necessary to protect the non-elected inventions. Applicant does not hereby abandon or waive any rights in the non-elected inventions.

10/002,400

-2-

Respectfully submitted,

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

By 

James M. Smith

Registration No. 28,043

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Concord, MA 01742-9133

Dated: 